

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Health Regulation Administration



BOARD OF CHIROPRACTIC

APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE TO PRACTICE AS A CHIROPRACTOR IN THE DISTRICT OF COLUMBIA

We welcome your interest in becoming a licensed Chiropractor in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Chiropractor in the District of Columbia who has met the general requirements of these instructions.

All applicants shall apply by examination. The District of Columbia has no standing or automatic agreement with any jurisdiction regarding reciprocity or endorsement.

WHERE TO FILE

All new license applications and documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Room 2224
825 N. Capitol Street, NE
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to Promissor and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 9:00 a.m. and 4:00 p.m. Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

To qualify for a license, all applicants shall sit for the **District Law Examination**, which is offered the Saturday before the second Tuesday in June and December, and may be offered at other times. Applications must be submitted ninety (90) days prior to the date of the examination. Application for re-examination must be submitted sixty (60) days prior to the date of examination.

- A. All applicants for a license to practice chiropractic in the District of Columbia shall meet the following requirements:
1. Applicant must be at least 18 years of age;

2. Applicant must not have been convicted of a crime of moral turpitude, which bears directly on the applicant's fitness to be licensed;
3. Applicant shall arrange to have submitted directly to the Board three letters from chiropractors licensed in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications to practice chiropractic.

EDUCATION/EXPERIENCE REQUIREMENTS FOR ALL APPLICANTS

- A. All applicants shall furnish proof satisfactory to the Board that the applicant has successfully completed the following education requirements:
 1. Two years of education at the baccalaureate level at a college or university accredited at the time of the applicant's attendance by the Secretary of the United States Department of Education or the Council on Postsecondary Education; and
 2. Has graduated from an education program in the practice of chiropractic that:
 - a. Consists of four academic years of study;
 - b. Includes 500 hours of practical clinical experience under the supervision of a chiropractor; and,
 - c. Is accredited at the time of the applicant's graduation by:
 - 1) The Council on Chiropractic Education (CCE); or
 - 2) The straight Chiropractic Academic Standards Association (SCASA).
- B. Applicant shall arrange for a certified transcript of the applicant's pre-chiropractic and chiropractic education to be sent directly from the education institution to the board at the address on Page 1.

EXAMINATION REQUIREMENTS

- A. All applicants shall receive a passing score on an examination administered by the National Board of Chiropractic Examiners (NBCE). Applicant must have received a passing score on each test that forms a part of the examination as determined by the NBCE.
- B. Applicants who graduated after January 1, 1988 shall take Parts I, II, III, and IV of the NBCE. The Board shall only consider examination results after the applicant has passed all parts of the examination.
- C. Applicants shall arrange for a copy of their chiropractic board scores to be sent directly from the NBCE to the board at the address on Page 1. **The NBCE can be contacted at (970)-356-9100.**
- D. To qualify for a license to practice chiropractic, all applicants without exception shall also receive a passing score on a written examination developed by the board in the following areas:
 1. Jurisprudence (District Law and Regulations);
 2. Chiropractic philosophy;
 3. Nutritional advice;
 4. Instrumentation;
 5. Diagnostic testing; and,
 6. Stress management.
- E. A passing score on the District Examination shall be 75%.
- F. An applicant shall pass all parts of the National Examination to be eligible to take the District Examination.
- G. The District Examination may include, but is not limited to, questions on the following:

1. The Health Occupations Revision Act of 1985, Amendment Act of 1994; and,
 2. Title 17, Chapters 40, 41 and 48, District of Columbia Municipal Regulation (DCMR).
- H. Applicant for authorization to practice Ancillary Procedures shall achieve a passing score of 75% on a practical examination administered by the board. The exam will be offered in June and December per the general requirements on page 1.

APPLICATION SUBMISSION REQUIREMENTS FOR A CHIROPRACTIC LICENSE

A. Application Fees

All fees are earned when paid and cannot be transferred or refunded. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure.* It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

BOARD	APPLICATION FEE	LICENSE FEE	EXAM FEE	AUTHORITY	TOTAL
Chiropractic	\$234	\$156	\$26		\$416
Chiropractic Re-exam	\$234		\$26		\$260
Chiropractic with Ancillary Procedures	\$234	\$156	\$26	\$208	\$624
Chiropractic Non-Invasive Ancillary Procedures	\$65		\$26	\$117	\$208

*The **Total Enclosed** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

- B. Applications shall be considered incomplete and returned to the applicant without action if the following items do not accompany the application:
1. A complete and notarized application form
 2. Two recent passport type photographs of the applicant's face measuring 2" x 2"; and
 3. A check or money order made payable to Promissor.
 4. Clean Hands Form
- C. In addition to items listed above, applicants shall also arrange for the following information to be submitted to complete their application:
1. A copy of their prechiropractic and chiropractic school transcripts to be sent directly from the educational institution to the board at the address on Page 1;
 2. Three reference letters completed in accordance with the general requirements for all applicants A, item 3 of these instructions;

3. A copy of their NCBE examination scores to be sent directly from the NCBE to the board at the address on Page 1;
4. Verification of Employment vouchers which verify all employment from date of graduation from chiropractic college to present date; and
5. Applicants who hold licenses in other jurisdictions shall arrange for verification of licensure from each state in which the applicant has ever held a chiropractic license to be sent directly from each state chiropractic board.

GENERAL INFORMATION

For information concerning the application process call (888)-204-6193

For information concerning Board Meetings call (202) 442-9200

ANCILLARY PROCEDURES

- A. A chiropractor who is certified by the Board to perform ancillary procedures may perform the following activities **as long as they are preparatory or complementary to chiropractic adjustment of the spine or bodily articulations:**

(a) Massages;	(h) Hydrotherapy;
(b) Hot packs;	(i) Diathermy;
(c) Cold packs;	(j) Traction;
(d) Galvanic stimulation;	(k) Exercise programs;
(e) Ultrasound;	(l) Muscle stimulation; and
(f) Doppler vascularizers;	(m) Muscle analysis machinery.
(g) Transcutaneous electrical nerve stimulation;	
- B. To qualify for ancillary procedure certification, a chiropractor shall;
 1. Have achieved a passing score (as recommended by the NBCE) on the physiotherapy section of the examination administered by the NBCE; and
 2. Have received a passing score of 75% on an examination administered by the Board, which test the applicant's knowledge and practical skills in physiotherapy.
- C. A chiropractor applying for ancillary procedure certification shall arrange to have their NBCE examination scores sent directly to the board at the address on Page 1.
- D. Submission requirements for ancillary procedures certification include:
 1. A complete and notarized application.
 2. Two recent passport photographs of the applicant's face.
 3. Examination scores as specified in B above.
 4. A check or money order made payable to Promissor in the amount of **\$208**.
 5. Clean Hands Form.

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF LICENSE

- a. Check the box next to the license description of which you are applying.

Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain

social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Sections 3A & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 3C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Section 5A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants: Certified transcripts must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if your transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

Section 5B. PROFESSIONAL TRAINING AND PRACTICE

List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 5C. LICENSES IN OTHER STATES / JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

Section 6. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 7. SCREENING QUESTIONS

If you answer “yes” to questions A through I, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. LICENSEE AFFIDAVIT

Your application must be notarized by a notary public in any state or jurisdiction. It can be, but does not need to be notarized by a notary public within the District of Columbia.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA’s website at <http://www.dchealth.dc.gov> or call HPLA’s Customer Service number at 1-888-204-6198. The forms that make up this package are:

- Chiropractic, New License Instructions
- Chiropractic, New License Application
- Chapter 48 Chiropractor, Municipal Regulations
- Clean Hands Form
- Character Reference Forms (3)
- NBCE Transcript Request Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing chiropractor licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing chiropractor are included in *DC Municipal Regulations Title 17, Chapters 48*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Boards of Medicine and Chiropractic if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Notarized Application	Two 2" x 2" Photos	NBCE Exam Results	Undergraduate & Professional School Transcripts	Three Character Reference Forms	Clean Hands Form	Verification of Other Licenses	Check or Money Order
CH	Chiropractor Exam	X	X	X	X	X	X	X	\$416
CH	Chiropractor Re-exam	X	X	O	O	O	O	O	\$260
CH	Ancillary Procedures Exam	X	X	X	O	O	X	O	\$208
CH	Ancillary Procedures Re-exam	X	X	O	O	O	O	O	\$91
CH	Chiropractor & Ancillary Procedures Exam	X	X	X	X	X	X	X	\$624

X = Required

O = Not required

An applicant must have received a passing score on an examination administered by the National Board of Chiropractic Examiners (NBCE).

A certified transcript of the Applicant's record verifying graduation submitted in a sealed envelope from the educational institution. Transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from licensed Chiropractors in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities qualification to practice Chiropractic.

Check or money order MUST be made payable to Promissor.